



51 Harvard Street  
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## Employee Leasing/Temporary Employment Agency Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

Web Address \_\_\_\_\_

Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_ to \_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

Applicant is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Location #3 \_\_\_\_\_

### UNDERWRITING INFORMATION

1. Years in Business? \_\_\_\_\_ Years of Experience in this field? \_\_\_\_\_

2. Provide a complete description of the types of positions available.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Clerical Payroll \$ \_\_\_\_\_ Non professional payroll \$ \_\_\_\_\_

4. Gross Sales for last 12 months \$ \_\_\_\_\_ Gross Sales expected for next 12 months \$ \_\_\_\_\_

5. Describe qualifications, experience, screening and training of employees \_\_\_\_\_

\_\_\_\_\_

6. Does applicant have ownership in other entities? .....  Yes  No

7. Do any employees hold professional licenses or certificates? .....  Yes  No

If yes, describe. \_\_\_\_\_

8. Are subcontractors used? .....  Yes  No

9. Are employees screened and background checks performed? .....  Yes  No

If yes to any of the above, provide details. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**UNDERWRITING INFORMATION (Continued)**

10. Does the contract used by the applicant state the following?

- i Employees are covered by Workers Compensation.....  Yes  No
- i Employers Liability is required .....  Yes  No
- i Each party holds the other harmless against all losses .....  Yes  No
- i Client provides supervision and has workers compensation coverage in place .....  Yes  No

**Attach** a copy of the contract

**Note:** All responses must be yes to offer coverage.

**CONTRACTUAL LIABILITY**

**DESCRIBE ALL HOLD HARMLESS AGREEMENTS (DATES, CONTRACTING PARTY, COST) & ATTACH COPIES**

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**LIST FIVE (5) OF YOUR LARGEST JOBS IN THE LAST FIVE (5) YEARS:**

CLIENT	DESCRIPTION OF JOB	GROSS SALES
		\$
		\$
		\$
		\$
		\$

**LIMITS – GENERAL LIABILITY (PER OCCURRENCE)**

- GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ \_\_\_\_\_
- PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ \_\_\_\_\_
- PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ \_\_\_\_\_
- EACH OCCURRENCE \$ \_\_\_\_\_
- DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ \_\_\_\_\_
- MEDICAL EXPENSE (ANY ONE PERSON) \$ \_\_\_\_\_

**CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS**

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>

**PRIOR CARRIER HISTORY & LOSS INFORMATION**

**PRIOR CARRIERS (LAST THREE YEARS):**

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

**LOSS HISTORY (LAST FIVE YEARS)**

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

Has the applicant been cancelled or non-renewed in the last three years? If yes, Explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Producer's Signature    Date    Applicant's Signature    Date